



Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on page 2.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name

DIWANS RESTUARANT INC

Employer's address (number and street)

3747 74 STREET

City

JACKSON HEIGHTS

State

NY

ZIP code

11372

Country

Box 1 Wages, tips, other compensation

15000.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

|

Box 12b Amount

.00

Code

|

Box 12c Amount

.00

Code

|

Box 12d Amount

.00

Code

|

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a
NY State

N Y

Box 16a NYS wages, tips, etc.

15000.00

Box 17a NYS income tax withheld

267.00

Other state information:

Box 15b
other state

|

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

15000.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

196.00

Locality b

.00

Box 20 Locality name

Locality a

NYC

Locality b



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Box b Employer identification number (EIN)

Box c Employer's information

Employer's name

JD INDIAN CUISINE INC

Employer's address (number and street)

23 MILLERS LANE

City

NEW HYDE PARK

State

NY

ZIP code

11040

Country

Box 1 Wages, tips, other compensation

6000.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐
Corrected (W-2c) ☐

NY State information:

Box 15a

NY State

N Y

Box 16a NYS wages, tips, etc.

6000.00

Box 17a NYS income tax withheld

102.00

Other state information:

Box 15b

other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

Locality b

6000.00

.00

Box 19 Local income tax withheld

Locality a

Locality b

76.00

.00

Box 20 Locality name

Locality a

Locality b

NYC